## PART B - FEE(S) TRANSMITTAL

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEB address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)	Steven P. Wigmore	
(Signature)	/SPW/	
(Date)	January 4, 2010	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/660,934	09/12/2003	Larry V. Streepy JR.	I0125.105002	7113

APPLN, TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$755 \$300 \$0 \$1055 01/05/2010 EXAMINER ART UNIT CLASS-SUBCLASS COBANOGLU, DILEK B 3626 705-003000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list , SENTRY LAW GROUP (I) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. STEVEN P. WIGMORE (2) the name of a single firm (having as a member a

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

TITLE OF INVENTION: METHOD AND SYSTEM FOR INTERFACING WITH A MULTI-LEVEL DATA STRUCTURE

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

listed, no name will be printed.

(A) NAME OF ASSIGNEE

Number is required.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is

HEALTH LANGUAGE, INC.

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer

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Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 💥 Corporation or other private group entity 📮 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

XX Issue Fee A check is enclosed. X Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.

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□ b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).

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/SPW/ **JANUARY 4, 2010** Authorized Signature STEVEN P WIGMORE 40.447 Registration No. Typed or printed name

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